Fill in this information to identify your case and this filing:						
Debtor 1 Lisa Michele Epstein						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF CALIFORNIA			
Case number	19-41854					

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply 1.1 746 San Gabriel Court Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ☐ Manufactured or mobile home Current value of the Current value of the Concord CA 94518-0000 Land entire property? portion you own? ZIP Code ■ Investment property \$773,484.00 \$773,484.00 ☐ Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one **FEE SIMPLE SUBJECT TO MORTGAGE** ☐ Debtor 1 only Contra Costa ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$773,484.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor's Residence- co-owned with Tracy Fletcher

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 Lisa Mich	ele Epstein		Case number (if known)	19-41854
B. Cars, vans, trucks, tr	ractors, sport utility ve	chicles, motorcycles		
□No		•		
■ Yes				
■ Yes				
3.1 Make: Nissar	1	Who has an interest in the property? Check one		ured claims or exemptions. Put
Model: Xtera	<u> </u>	Debtor 1 only		secured claims on Schedule D: /e Claims Secured by Property.
Year: 2015		Debtor 2 only		, , ,
Approximate mileag	e: 48000	Debtor 1 and Debtor 2 only	Current value of t entire property?	he Current value of the portion you own?
Other information:		☐ At least one of the debtors and another		
Good condition	า	_	¢17.404	00 647.494.00
		Check if this is community property (see instructions)	\$17,484	.00 \$17,484.00
■ No □ Yes			r	
		n for all of your entries from Part 2, includir that number here		\$17,484.00
Dow 2. Daniello V. D	manufaud Herender		-	
Part 3: Describe Your Pe		ems terest in any of the following items?		Current value of the
bo you own or have an	ry regar or equitable in	terest in any or the ronowing terms:		portion you own? Do not deduct secured claims or exemptions.
6. Household goods an Examples: Major app☐ No☐ Yes. Describe	liances, furniture, linens	ehold furnishings , bedroom furniture a	ind	\$1,000.0
	Computer desk	and office furniture		\$100.0
	Lawn mower a	nd assorted yard tools		\$100.0
	s and radios; audio, vid cell phones, cameras, n	eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music co	ollections; electronic devices
	Computer and	printer		\$50.0
	Cell phone			\$100.0
		prints, or other artwork; books, pictures, or othellectibles	er art objects; stamp, coin,	or baseball card collections;

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Lisa Michel	e Epstein	_ Case number (if known)	19-41854
	ment for sports a			
Exam	<i>iples:</i> Sports, photo musical insti	ographic, exercise, and other hobby equipment; bicycles, po	ol tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
□ No		unionio		
	s. Describe			
	o. 2000			
		Bicycle		\$50.00
		Musical instruments		\$70.00
		widsical fristiuments		Ψ10.00
10. Firea		s, shotguns, ammunition, and related equipment		
■ No		o, onorgano, ammanion, ana roiarea equipment		
	s. Describe			
11. Cloth		lothes, furs, leather coats, designer wear, shoes, accessorie	ne.	
■ No		otiles, fuis, leatilei coats, designer wear, shoes, accessorie	;5	
	s. Describe			
	o. Decombe			
12. Jews				and allows
Exai	, , , , ,	ewelry, costume jewelry, engagement rings, wedding rings, h	neirloom jeweiry, watches, gems, g	joid, Silver
	s. Describe			
— 16	s. Describe			
	farm animals			
<i>Exai</i> □ No	mples: Dogs, cats,	birds, horses		
	s. Describe			
— 16	s. Describe			
		4 pet dogs		\$200.00
14. Any	other personal ar	nd household items you did not already list, including ar	ny health aids you did not list	
■ No	-	, , ,		
☐ Ye	s. Give specific in	formation		
15. Add	d the dollar value	of all of your entries from Part 3, including any entries f	for pages you have attached	
		number here		\$1,670.00
Part 4:	Describe Your Finar	icial Assets		
		legal or equitable interest in any of the following?		Current value of the
•	•			portion you own?
				Do not deduct secured claims or exemptions.
				olainio or oxomptiono.
16. Cash		have in your wallet, in your home, in a safe deposit box, and	d on hand when you file your petiti	on
□ No		mave in your wallet, in your nome, in a sale deposit box, and	a off flarid when you life your penti-	OH
			Cash on hand	\$20.00
17. Depo	osits of money			
	<i>mples:</i> Checking, s	savings, or other financial accounts; certificates of deposit; s		nouses, and other similar
□ No		If you have multiple accounts with the same institution, list	each.	
■ Vo		Institution name:		

Official Form 106A/B Schedule A/B: Property page 3

■ Yes.....

1 Lisa Mic	hele Epstein		Case number (if known) 19-41854
	17.1. Checking	Wells Fargo Bank	\$100.00
<i>amples:</i> Bond fu		kerage firms, money market accou	nts
es	Institution or issuer n	ame:	
nt venture	ed stock and interests in incorpo	rated and unincorporated busine	esses, including an interest in an LLC, partnership, and
lo			
es. Give specif	Name of entity:		% of ownership:
gotiable instrun n-negotiable ins	nents include personal checks, cash	niers' checks, promissory notes, an	nd money orders.
-	c information about them		
co. Give apcom	Issuer name:		
		03(b), thrift savings accounts, or oth	ner pension or profit-sharing plans
es. List each ac	ccount separately. Type of account:	Institution name:	
	Profit-Sharing Plan	Morgan Stanley Employee Stock Plan Retirement Account	\$3,289.28
ur share of all u <i>amples:</i> Agreen lo	nused deposits you have made so nents with landlords, prepaid rent, p	public utilities (electric, gas, water),	telecommunications companies, or others
`	act for a periodic payment of money	y to you, eitner for life or for a numb	per of years)
es	Issuer name and description.		
J.S.C. §§ 530(b)		alified ABLE program, or under	a qualified state tuition program.
es	Institution name and description	. Separately file the records of any	interests.11 U.S.C. § 521(c):
sts, equitable	or future interests in property (ot	her than anything listed in line 1), and rights or powers exercisable for your benefit
es. Give specif	ic information about them		
amples: Interne			eements
-	ic information about them		
amples: Building			licenses, professional licenses
lo es. Give specif	ic information about them		
			Current value of the
Form 106A/B	,	Schedule A/B: Property	page
	nds, mutual furamples: Bond for one summer and of gotiable instrument and of gotiable instrument of es. Give specifications of es. List each action of	ands, mutual funds, or publicly traded stocks amples: Bond funds, investment accounts with broto on the contract of the contra	Ands, mutual funds, or publicly traded stocks amples: Bond funds, investment accounts with brokerage firms, money market accounts publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine publicly traded stock and interests in incorporated and unincorporated busine politic publicly traded stock and interests in incorporated and unincorporated busine politic publicly traded stock and interests in incorporated and unincorporated busine politic publicly traded stock and interests in incorporated and unincorporated busine politic public publicly incorporated and unincorporated busine proposes. Give specific information about them public unity deposits increase in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other profit-Sharing Plan Morgan Stanley Employee Stock Plan Retirement Account Plan 79U purity deposits and prepayments urity deposits and prepayme

Del	btor 1	Lisa Michele Epstein	Case number (if kr	nown)	19-41854
					portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you			
	■ No □ Yes.	Give specific information about them, in	cluding whether you already filed the returns and the tax years	·····	
I	Examp ■ No		ousal support, child support, maintenance, divorce settlement, pro	operty :	settlement
ı	→ Yes.	Give specific information			
_		amounts someone owes you bles: Unpaid wages, disability insurance benefits; unpaid loans you made to	payments, disability benefits, sick pay, vacation pay, workers' consoneelse	ompen	sation, Social Security
		Give specific information			
_		ts in insurance policies oles: Health, disability, or life insurance;	health savings account (HSA); credit, homeowner's, or renter's ir	nsuran	ce
		Name the insurance company of each p Company name:	policy and list its value. Beneficiary:		Surrender or refund value:
_	If you a	erest in property that is due you from are the beneficiary of a living trust, expene has died.	n someone who has died ct proceeds from a life insurance policy, or are currently entitled to	to rece	ve property because
[☐ Yes.	Give specific information			
_		against third parties, whether or not bles: Accidents, employment disputes, in	you have filed a lawsuit or made a demand for payment asurance claims, or rights to sue		
[☐ Yes.	Describe each claim			
		contingent and unliquidated claims of	f every nature, including counterclaims of the debtor and rig	tts to	set off claims
	■ No □ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
ı	No				
l	→ Yes.	Give specific information		_	
36.			rom Part 4, including any entries for pages you have attache	ed	\$3,409.28
Par	t 5: Des	scribe Any Business-Related Property You	Own or Have an Interest In. List any real estate in Part 1.		
37.	Do you d	own or have any legal or equitable interest	in any business-related property?		
	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Par		scribe Any Farm- and Commercial Fishing ou own or have an interest in farmland, list it i	-Related Property You Own or Have an Interest In. n Part 1.		
46.	_ `	own or have any legal or equitable in	nterest in any farm- or commercial fishing-related property?		
		Go to line 47.			
Offic	cial Forr	n 106A/B	Schedule A/B: Property		page 5

Debto	tor 1 Lisa Michele Epstein	Case number (if known)	19-41854	
Part 7	7: Describe All Property You Own or Have an Interest in Ti	hat You Did Not List Above		
	Oo you have other property of any kind you did not alread Examples: Season tickets, country club membership I No	dy list?		
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. W	rite that number here	\$0.00	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		\$773,484.00	
56.	Part 2: Total vehicles, line 5	\$17,484.00		
57.	Part 3: Total personal and household items, line 15	\$1,670.00		
58.	Part 4: Total financial assets, line 36	\$3,409.28		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		

\$22,563.28

Copy personal property total

\$22,563.28

\$796,047.28

62. Total personal property. Add lines 56 through 61...

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 6

Fill in this information to identify your case:										
Debtor 1	Lisa Michele Eps	Lisa Michele Epstein								
	First Name	Middle Name	Last Name							
Debtor 2										
(Spouse if, filing)	First Name	Middle Name	Last Name							
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF CALIFORNIA							
Case number	19-41854									
(if known)										

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	It 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.					
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11 t	You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	746 San Gabriel Court Concord, CA	\$773,484.00		\$75,000.00	C.C.P. § 704.730				
	94518 Contra Costa County Debtor's Residence- co-owned with Tracy Fletcher Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2015 Nissan Xtera 48000 miles Good condition	\$17,484.00		\$1,740.00	C.C.P. § 704.010				
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Assorted household furnishings , bedroom furniture and appliances	\$1,000.00		\$1,000.00	C.C.P. § 704.020				
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Computer desk and office furniture Line from Schedule A/B: 6.2	\$100.00		\$100.00	C.C.P. § 704.020				
	Line Irom Scriedule A/B. 0.2			100% of fair market value, up to any applicable statutory limit					
	Lawn mower and assorted yard tools Line from Schedule A/B: 6.3	\$100.00		\$100.00	C.C.P. § 704.020				
	Line Irom Schedule A/B: 0.3			100% of fair market value, up to					

Official Form 106C Schedule C: The Property You Claim as Exempt

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

page 1 of 2

Best Case Bankruptcy

De	ebtor 1 Lisa Michele Epstein			Case number (if known)	19-41854
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Computer and printer Line from Schedule A/B: 7.1	\$50.00		\$50.00	C.C.P. § 704.020
	Elife Hoff Genedale 742. 1.1			100% of fair market value, up to any applicable statutory limit	
	Cell phone Line from Schedule A/B: 7.2	\$100.00		\$100.00	C.C.P. § 704.020
	Elife Hoff Genedale 742. 1.2			100% of fair market value, up to any applicable statutory limit	
	Bicycle Line from Schedule A/B: 9.1	\$50.00		\$50.00	C.C.P. § 704.020
	Line Holl Golledale PAB. 9.1			100% of fair market value, up to any applicable statutory limit	
	Musical instruments Line from Schedule A/B: 9.2	\$70.00		\$70.00	C.C.P. § 704.020
	Line Horr Schedule PAD. 3.2			100% of fair market value, up to any applicable statutory limit	
	4 pet dogs Line from Schedule A/B: 13.1	\$200.00		\$200.00	C.C.P. § 704.020
	Line Holl Schedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
	Cash on hand Line from Schedule A/B: 16.1	\$20.00		\$20.00	C.C.P. § 704.070
	Ellie Hoff Genedale 742. 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Wells Fargo Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	C.C.P. § 704.070
	Line from Generalie 742. TT.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmen	t.)
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	215 days before you filed this case?	•
	□ No □ Yes				
	 . : 				

Official Form 106C

Fill	in this information t	o identify your ca	ase:									
Deb	otor 1	Lisa Michele	Epstein									
	otor 2 use, if filing)						-					
Uni	ted States Bankrup	tcy Court for the	NORTHERN DISTRIC	CT OF CAL	JFORNIA		_					
		-41854		_				Check if the	his is:			
(If kn	lown)								plemer	nt showing	postpetition owing date:	chapter
<u>O</u> 1	fficial Form	106I						MM / I	DD/ YY	/YY		
S	chedule I:	Your Inco	ome									12/15
spoi atta	use. If you are sep ch a separate shee	parated and you	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do	not includ	le inform	atio	n about you	ır spot	use. If more	e space is	needed,
1.	Fill in your emplinformation.	oyment		Debtor	1			Del	btor 2	or non-filir	ng spouse	
	If you have more		Employment status	■ Emp	loyed				Employ	yed		
	attach a separate information about		Linployment status	□ Not €	☐ Not employed				☐ Not employed			
	employers.		Occupation	Instruc	tor							
	Include part-time, self-employed wo		Employer's name	Workd	ay Inc.							
	Occupation may i or homemaker, if		Employer's address		toneridge nton, CA		ad					
			How long employed to	here?	3 years							
Par	t 2: Give De	tails About Mon	thly Income									
spou If yo	use unless you are	separated. spouse have mo	ate you file this form. If your than one employer, cothis form.		Ü	•				•	•	J
	,,							For Debtor	1	For Debt		
2.			ry, and commissions (be calculate what the monthl			2.	\$_	8,237	7.91	\$	N/A	

3.

0.00

8,237.91

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 7,684.73 Combined monthly income							For	Debtor 1			Debtor 2 or	
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Social Score		Conv	line 4 here			1	Φ.	9 227	7 01			
5a. Tax, Medicare, and Social Security deductions 5a. \$ 2,059.42 \$ N/A		СОРУ	/ IIIIe 4 IIeIe			4.	Ψ_	0,237	.91	Ψ	IN/A	4
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. Required repayments of retirement fund loans 5c. Social Security 5c. Domestic support obligations 5c. Social Security 6c.	5.	List a	all payroll deduct	ions:								
5. Mandatory contributions for retirement plans 5. 5. 5. 0.00 5. N/A					ity deductions	5a	\$	2.050	12	\$	N/	Δ
Sc. Voluntary contributions for retirement plans Sc. \$ 0.00 \$ N/A					•							
5-5. Required repayments of retirement fund loans 5-6. \$ 0.00 \$ N/A			•		•		· —			Ť —		
5e. Insurance 5f. Domestic support obligations 5f. O.000 \$ N/A 5h. Other deductions. Specify: DENTAL 5h. \$ 19.00 \$ N/A VISION LONG TERM DISABILITY 5 5.07 \$ N/A LONG TERM DISABILITY 5 5.07 \$ N/A LIFE INSURANCE 5 25.52 \$ N/A LIFE INSURANCE 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,553.18 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 \$ N/A 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance shall be value (if known) of any non-cash assistance that you receive, such as food stamps, thenefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8h. \$ 0.00 \$ N/A 9h. Other government income 8h. \$ 0.00 \$ N/A 9h. Add all other income. Add line 7 + line 9h. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add line 7 + line 9h. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. Do not include any amounts already included in lines 2-10 or amounts t			•		-		· · —			<u>\$</u>		
56. Domestic support obligations 59. Union dues 59. 0.000 \$ N/A 59. Union dues 59. 0.000 \$ N/A 59. Other deductions. Specify: DENTAL 59. N. \$ 19.00 + \$ N/A VISION LONG TERM DISABILITY \$ 5.0.01 \$ N/A CRITICAL ILLNESS INS LIFE INSURANCE 5 25.52 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,553.18 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and houseness showing gross receipts, ordinary and necessary business expenses, and the total more regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.000 \$ N/A 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: 8f. 9 0.000 \$ N/A 9. Add all other repular contributions to me more filling spouse. 10. \$ 7,684.73 + \$ N/A = \$				inchis of retirem	chi fund loans		· -			Ψ		
59. Union dues 50. Other deductions. Specify: DENTAL 5h. Other deductions. Specify: DENTAL 5h. Other deductions. Specify: DENTAL 5h. Specify: Specify: DENTAL 5h. Specify: DENTAL 5h. Specify: S				ort obligations			· · —			Ψ		
Sh. Other deductions. Specify: DENTAL VISION LONG TERM DISABILITY \$ 5.07 \$ N/A CRITICAL ILLNESS INS LIFE INSURANCE 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,553.18 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and pusiness showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: 8p. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 11. +\$ 0.00 11. +\$ 0.00 12. **Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies				ort obligations			· · —			Ψ		
VISION LONG TERM DISABILITY CRITICAL ILLNESS INS LIFE INSURANCE 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Z.5.52 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 \$ N/A 8. List all other income regularly received: 8a. Note income regularly received: 8b. Interest and dividends sexpenses, and the total monthly net income. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Family support payments that you regularly receive include allmony, spousal support, or a dependent regularly receive include allmony, spousal support, or a dependent regularly receive include allmony, spousal support, or a dependent regularly receive include allmony, spousal support, or a dependent regularly receive include allmony, spousal support, or a dependent regularly receive include assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8c. \$ 0.00 \$ N/A 8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.00 \$ N/A 8d. \$ 0.0		-		as Chaoifir DE	NITAI		· -			Ť —		
LONG TERM DISABILITY CRITICAL ILINESS INS LIFE INSURANCE S. 25.52 N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,553.18 N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8		JII.		is. Specily. DE	NIAL		· · —			· · ·		
CRITICAL ILLNESS INS LIFE INSURANCE 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$25.52 \$N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$5,684.73 \$N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income. Sec. \$0.00 \$N/A 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$N/A 8d. Unemployment compensation 8d. \$0.00 \$N/A 8d. Unemployment assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$2,000.00 \$N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies				DIO A DII ITY			· · —			· ·		
LIFE INSURANCE Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Barbon State										φ—		
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5l+5g+5h. 6. \$ 2,553.18 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,684.73 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income from encessary business expenses, and the total monthly net income monthly net income monthly net income location in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include alimone, such as food stamps (hendrist under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 11. +\$ 7,684.73 Combined Combined Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							· · —			, * —		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. Pansion or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, fi it applies			LIFE INSURAI	NCE			Φ	2:	0.52	Φ	N/A	<u> </u>
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	the payroll deduc	ctions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,553	3.18	\$	N/A	<u>A</u>
8a. Net income from 'rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 9g. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 4	7.	Calc	ulate total month	ly take-home pay	Subtract line 6 from line 4.	7.	\$	5,684	1.73	\$	N/A	<u>A</u>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	8.											
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		oa.			and from operating a business,							
receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. + \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies					rty and business showing gross							
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies												
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4s 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			monthly net inco	me.		8a.	\$	(0.00		N/A	<u>A</u>
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		8b.	Interest and div	idends		8b.	\$	(0.00	\$	N/A	Α_
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. Quality of the specific of t		8c.			ou, a non-filing spouse, or a deper	ndent						
settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies												
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						0.0	æ			¢.	N1/	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 2,000.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		04			ıı.		· · —			· ·		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Contribution from roommate 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income				compensation			· -			· -		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8h. \$ 0.00 \$ N/A N/A N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,000.00 \$ N/A N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income			•		-1	8e.	» —		0.00	Ф	N/A	<u>A</u>
8g. Pension or retirement income 8h. Other monthly income. Specify: Contribution from roommate 8		81.	Include cash ass that you receive,	sistance and the va such as food star	alue (if known) of any non-cash assis mps (benefits under the Supplementa							
8h. Other monthly income. Specify: Contribution from roommate 8h. \$\frac{2,000.00}{2,000.00}\$ + \$\frac{N/A}{N/A}\$ 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{2,000.00}{2,000.00}\$ \Rightarrow \N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$\frac{0.00}{1.1.}\$ O.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			· · ·			8f.	\$	(0.00	\$		
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$2,000.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		8g.	Pension or retir	ement income		8g.	\$	(0.00	\$	N/A	<u>A</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Topical summary of Certain Liabilities and Related Data, if it applies		8h.	Other monthly i	ncome. Specify:	Contribution from roommate	8h.+	- \$	2,000	0.00	+ \$	N/A	<u>A</u>
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income	9.	Add	all other income.	Add lines 8a+8b	+8c+8d+8e+8f+8g+8h.	9.	\$	2,000	0.00	\$	N	/A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income	10	Calci	ulate monthly inc	ome Add line 7	± line 9	10 \$	-	7 694 73	1 S		N/A - \$	7 684 73
 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies T,684.73 Combined monthly income 			•			ι ο. φ		1,004.73	• • -			7,004.73
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies Combined monthly income					0 1				l L			
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 7,684.73 Combined monthly income	11.	other Do no	de contributions fro friends or relative ot include any amo	om an unmarried s.	partner, members of your household	, your depen	•					0.00
monthly income	12.	Write	that amount on th									7,684.73
· ·												
13. Do you expect an increase or decrease within the year after you file this form?No.	13.	_ ′	•	rease or decreas	e within the year after you file this	form?					monu	, moonie
Yes. Explain: Debtor had been previously underwitholding.			Yes. Explain:	Debtor had be	een previously underwitholding	g.						

	in this information to identify your case	:					
Deb	Lisa Michele Epste	in		Ch	eck it	f this is:	
						amended filing	
	otor 2 ouse, if filing)						ring postpetition chapter the following date:
(0)							
Unit	ted States Bankruptcy Court for the: NOR	THERN DISTRICT OF CALIF	FORNIA		MN	// DD / YYYY	
Cas	se number 19-41854						
(If k	(nown)						
\bigcirc	fficial Form 106J						
	chedule J: Your Expe	nees					12/15
	as complete and accurate as possik		e filing together, both	are ec	mally	responsible fo	
	ormation. If more space is needed, a						
nur	mber (if known). Answer every ques	tion.					
Par	rt 1: Describe Your Household						
1.	Is this a joint case?						
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 live in a sep	arate household?					
	□ No	ficial Form 106 LQ. Fymanaca	for Congreta Househo	ld of D		0	
	☐ Yes. Debtor 2 must file Of	iiciai Form 106J-2, <i>Expenses</i>	ror Separate Houseno	ia or De	POTOF	۷.	
2.	Do you have dependents? ■ No						
	Do not list Debtor 1 and Ye. Debtor 2.	S. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No
							☐ Yes
							□ No
							☐ Yes
							□ No □ Yes
3.	Do your expenses include	■ Na					□ res
	expenses of people other than	■ No □ Yes					
	yourself and your dependents?						
	tt 2: Estimate Your Ongoing Mon timate your expenses as of your ban		araaina thia fara			lamant in a Cha	ntor 12 acce to report
exp	oenses as of a date after the bankrup plicable date.						
Incl	lude expenses paid for with non-cas	sh government assistance i	f vou know				
the	value of such assistance and have					Vauravna	
(Ot	ficial Form 106l.)					Your expe	11562
4.	The rental or home ownership exp	enses for your residence. In	nclude first mortgage				4 400 50
	payments and any rent for the ground		5 5	4.	\$_		4,489.50
	If not included in line 4:						
	4a. Real estate taxes			4a.	\$		0.00
	4b. Property, homeowner's, or ren	ter's insurance		4b.	\$		0.00
	4c. Home maintenance, repair, an			4c.	. –		0.00
	4d Homeowner's association or c	ondominium dues		4d	S		109 00

Official Form 106J Case: 19-41854 Doc# 28

Additional mortgage payments for your residence, such as home equity loans

5. \$

page 1

Deb	tor 1 Lisa Michele Ep	stein	Case number (if known	19-41854
6.	Utilities:			
	6a. Electricity, heat, nat	tural gas	6a. \$	120.00
	6b. Water, sewer, garba	age collection	6b. \$	40.00
	6c. Telephone, cell pho	one, Internet, satellite, and cable services	6c. \$	125.00
	6d. Other. Specify:		6d. \$	0.00
7.	Food and housekeeping supplies		7. \$	400.00
8.	Childcare and children's		8. \$	0.00
9.	Clothing, laundry, and d	•	9. \$	100.00
	Personal care products		10. \$	100.00
	Medical and dental expe		11. \$	50.00
12.	-	gas, maintenance, bus or train fare.	12. \$	300.00
13	Do not include car payment	nts. creation, newspapers, magazines, and books	13. \$	100.00
		and religious donations	14. \$	0.00
	Insurance.	s and rengious donations	ι4. ψ	0.00
15.		deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	acaucica yea. pay oc.aacaco . c. 20.	15a. \$	0.00
	15b. Health insurance		15b. \$	0.00
	15c. Vehicle insurance		15c. \$	150.00
	15d. Other insurance. Sp	pecify:	15d. \$	0.00
16.	•	es deducted from your pay or included in lines 4 or 20.	16. \$	300.00
17	Installment or lease pay			300.00
	17a. Car payments for V		17a. \$	450.00
	17b. Car payments for V	ehicle 2	17b. \$	0.00
	17c. Other. Specify:		17c. \$	0.00
	17d. Other. Specify:		17d. \$	0.00
18.	Your payments of alimo	ny, maintenance, and support that you did not repo on line 5, <i>Schedule I, Your Income</i> (Official Form 1	ort as 06l). 18. \$	0.00
19.		ke to support others who do not live with you.	\$	0.00
	Specify:		19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
	20a. Mortgages on other	rproperty	20a. \$	0.00
	20b. Real estate taxes		20b. \$	0.00
	20c. Property, homeown	•	20c. \$	0.00
	20d. Maintenance, repair		20d. \$	0.00
		ciation or condominium dues	20e. \$	0.00
21.		HANGES/TABS FOR AUTOS	21. +\$	70.00
	HAIRCUTS/GROOMIN	IG	+\$	70.00
	PET FOOD/VET		+\$	50.00
22.	Calculate your monthly	•		
	22a. Add lines 4 through 2		\$	7,670.88
	22b. Copy line 22 (monthl	y expenses for Debtor 2), if any, from Official Form 106	6J-2 \$	
	22c. Add line 22a and 22b	b. The result is your monthly expenses.	\$	7,670.88
23.	Calculate your monthly			
	23a. Copy line 12 (your o	combined monthly income) from Schedule I.	23a. \$	7,684.73
	23b. Copy your monthly	expenses from line 22c above.	23b\$	7,670.88
	23c. Subtract your montl The result is your m	hly expenses from your monthly income. nonthly net income.	23c. \$	13.85
24.	For example, do you expect to	ose or decrease in your expenses within the year af o finish paying for your car loan within the year or do you expe		ncrease or decrease because of a
	modification to the terms of your No. ☐ Yes. Explain			

Official Form 106J page 2